United Nations E/ICEF/2008/11

Economic and Social Council

Distr.: General
19 May 2008

Original: English

For discussion

United Nations Children's Fund
Executive Board
Annual session 2008
3-5 June 2008
Item 7 of the provisional agenda**

Report on implementation of the Ending Child Hunger and Undernutrition Initiative*

Summary

This report responds to Executive Board decision 2007/9 adopted at the 2007 annual session of the Executive Board. In this decision, the Board requested the submission of a report on the implementation of the Ending Child Hunger and Undernutrition Initiative at its annual session of 2008, in order for the Board to review the role and involvement of UNICEF.

Given the food price increases, the focus of the initiative is being adjusted to provide more effective and relevant support to national activities addressing the needs of the most vulnerable populations.

I. Background

1. Undernutrition among children under the age of five years has declined from 32 per cent in 1990 to 27 per cent in 2006. However, latest estimates show that 143 million children in that age group continue to suffer from undernutrition. Some 51 developing countries, representing nearly half of the countries for which data is available, are not making sufficient progress towards the 'hunger target' of Millennium Development Goal 1 as measured by the prevalence of underweight in children under five years of age. Some 18 of these countries are making no progress at all or are retrogressing in terms of this indicator. The Ending Child Hunger and Undernutrition Initiative was conceived as a catalytic effort to mobilize collaboration to promote intensified, sustained actions to address this challenge, based on interventions of proven effectiveness.

* This document was delayed because of the need for consultation.
** E/ICEF/2008/9.

08-34694 (E) 230508

2. The situation of inadequate global progress towards the Millennium Development Goal hunger target threatens the achievement of all the Millennium Development Goals, and is of major and immediate concern. According to *The Lancet* (January 2008), maternal and child undernutrition is a contributing cause of more than a third of child deaths and some 10 per cent of the global disease burden. Poor growth occurring before birth or during early childhood can lead to irreversible damage, including shorter adult height, lower learning achievement, reduced adult income, and decreased birthweight among offspring. While nutrition interventions of proven effectiveness need to be more widely available to children and families, long-term investments in empowering women, in education and in reducing inequities need to work in tandem with known technical solutions. These nutrition interventions are most effective in the period from pregnancy to two years of age. Although undernutrition occurs widely, four fifths of all undernourished children live in just 20 countries, with the largest number of these children living in South Asia. Intensified nutrition action in these priority countries will help to accelerate the achievement of health-related Millennium Development Goals and make major contributions to the Goals relating to poverty and hunger reduction, education and gender equality.

3. The UNICEF Executive Board reviewed the document "Ending Child Hunger and Undernutrition Initiative" (E/ICEF/2007/11) at the annual session of 2007, taking into consideration decision 2007/EB.1/3 of the Executive Board of the World Food Programme (WFP). In decision 2007/9, the UNICEF Executive Board approved the participation of UNICEF in the Ending Child Hunger and Undernutrition Initiative, including its work plan and secretariat, as described in document E/ICEF/2007/11. The Board urged the Executive Director to ensure that the medium-term strategic plan (MTSP) of UNICEF, including its cross-cutting and support strategies, continues to provide the guiding strategic and financial framework for all partnerships in which UNICEF participates, including for efforts to end child hunger and undernutrition. The Board approved the allocation of up to $1 million of core resources, in the absence of other resources, to support funding of a joint secretariat for this initiative.

II. Update on Progress

4. In line with the Executive Board's suggestions and feedback, ECHUI is a partnership effort that aims to help countries in strengthening their existing integrated national programmes, where these are currently inadequate, and in accelerating their progress towards achieving Millennium Development Goal 1 target 2. As described below, an analysis of the effectiveness of existing national programmes has begun in a number of countries as a first step towards accelerating nationally owned solutions supported by partnerships among the United Nations, civil society and key private sector actors. These partnerships support integrated, country-level operations for implementing, at scale, specific evidence-based interventions.

5. Intensified action is of major and immediate concern, especially in the light of the recent extraordinary rise in food prices and related nutrition insecurity. The rise in food prices has already caused civil unrest in parts of the world and is having a deleterious effect on children and families — and on the often already inadequate health systems and service delivery capacities on which they depend. The rise in

food prices is also likely to negatively impact the HIV/AIDS situation worldwide. Particularly in food-importing countries and communities, the escalating food prices will make the fight against child hunger, undernutrition and family poverty even more of an uphill struggle if additional actions are not taken to mitigate the impact.

6. Within the context of the current rise in food prices around the world, national and local monitoring of food and nutrition security among vulnerable children, women and families is being supported by UNICEF and partners. Where needed, efforts are and will be made with partners to increase food availability and accessibility as well as to advocate for and support additional measures to ameliorate the situation.

7. ECHUI will provide a framework and focus for strengthening collaborative relationships to assist countries in the management and response to rising food prices and their effects on the most vulnerable.

8. A specific progress update is provided on the following three points:

(a) Formation and work of the ECHUI partnerships and secretariat and related allocation of resources;

(b) Proposed package of effective interventions;

(c) Involvement of national Governments.

9. **Formation and work of partnerships and secretariat and resource allocation**. Since the first review of ECHUI by the Executive Board at its first regular session in 2007, efforts have centred on securing support and engagement from a range of relevant partners and on country-level involvement. In addition to a number of United Nations agencies, the partners include Helen Keller International, Save the Children (USA), Save the Children (UK), World Vision, Washington University, Boston Consultancy Group, and others.

10. Meanwhile, a joint secretariat has been formed at WFP in Rome with one senior staff member each from the World Health Organization (WHO), WFP and UNICEF. A total of $300,000 from UNICEF resources has been allocated to support the functioning of the secretariat, which has been working to coordinate strategy development and inter-agency interventions.

11. **Effective interventions**. A recent article on maternal and child undernutrition that appeared in a leading medical journal, *The Lancet*[1], was used to update the set of interventions for the framework of the accelerated effort. This scientific update, combined with an inter-agency and inter-sectoral review, confirmed that the partners in ECHUI should focus their country support and country-level and global advocacy efforts on the following four critical areas:

(a) increased coverage of early initiation and continued exclusive breastfeeding;

(b) improving micronutrient intakes of mothers and children as well as, where needed, dietary intake, especially during pregnancy and the first two years of life;

[1] C. Victoria *et al.*, "Maternal and Child Undernutrition: consequences for adult health and human capital", *The Lancet*, Vol. 371, Issue 9609 (26 January 2008): 340-57.

(c) preventing and treating severe acute malnutrition through the expanded use of ready-to-use therapeutic foods, such as Plumpy'nut®;

(d) reducing rates of diarrhoea by improving hygiene and parasite control.

12. Also anticipated are other key complementary actions, such as immunization, the provision of insecticide-treated mosquito nets and malaria prevention to pregnant mothers, as well as poverty alleviation interventions such as conditional cash transfers.

13. The initiative complements and strengthens the work of national and international partners to support Accelerated Child Survival and Development interventions. It will rely upon and seek to strengthen existing national planning, coordination, communication, delivery and monitoring mechanisms, without promoting new ones. For UNICEF specifically, support to and involvement in the initiative and its partnerships are taking place within the framework of the Young Child Survival and Development focus area of the existing MTSP, consistent with the UNICEF health and nutrition strategy in support of the MTSP.

14. **Country involvement**. The country capacity analysis and follow-up planning is being supported in partnership with WFP, WHO, the Food and Agriculture Organization of the United Nations and a private sector company, the Boston Consulting Group (BCG). Categories of countries have been identified using characteristics such as magnitude of the undernutrition problem; identified opportunities and barriers to scaling-up; as well as capacities, resources and commitment.

15. In 2008, inter-agency country analyses are taking place with BCG support in the Lao People's Democratic Republic, Mauritania, and a third country — most likely Rwanda — with a WFP 'Purchase for Progress' pilot initiative. The experience of BCG has been strengthened by preliminary studies in Mauritania and Niger, conducted in cooperation with the respective Governments and UNICEF and WFP country offices. The studies confirmed that child hunger and undernutrition are so far sub-optimally addressed in the poverty reduction strategy paper, the Common Country Assessments and the United Nations Development Assistance Framework (UNDAF). This analysis also contributed to further enhancing cooperation between UNICEF and WFP in supporting national efforts by Niger to address high levels of wasting and undernutrition. One position within each of the Resident Coordinator's Offices in Lao People's Democratic Republic and Mauritania is being supported as part of BCG's assistance.

16. WHO is the lead partner in providing support for a similar analysis of country capacity and readiness to scale up critical nutrition actions in eight additional countries: Burkina Faso, Cambodia, Ghana, Guatemala, Madagascar, Peru, South Africa and Viet Nam. The initiative is building on the results of these studies. Assessments have already taken place in collaboration with national partners in Burkina Faso, Ghana and Madagascar.

17. Meanwhile, before the start of the initiative, considerable scaling-up of effective interventions had already been achieved by national partners in Ethiopia, Kenya, Uganda and the northern Sahelian countries, as well as in several Latin American countries, and by states in India. Additional countries, such as Malawi, have made more recent progress. United Nations support for these country activities has generally been planned and managed through the UNDAF process, with strong

collaboration in support of national partners between UNICEF and WFP as well as other United Nations and non-governmental agencies.

18. The findings of the country analyses will be used to scale up national nutrition programmes in addition to strengthening the UNDAF process for expanded action. The collaborative inter-sectoral experience gained from these existing country activities will inform partnership support to other countries that have the greatest burdens of childhood hunger and undernutrition and that face major negative effects from the rise in food prices.

19. As an example of these approaches to partnership support, in Ethiopia, within the UNDAF framework, UNICEF and WFP have assisted country authorities in the implementation of the national Enhanced Outreach Strategy and Targeted Supplementary Food activities. A combination of critical health and nutrition interventions to benefit large numbers of children — including vitamin A supplements, de-worming tablets, nutritional screening and immunizations — are provided through Child Health Days. Of some 11.1 million children reached in 2007, the nutritional status of about 6 million was assessed, and of these children, 440,000 were found acutely malnourished and were referred to a targeted supplementary food programme supported by WFP. In 2008 UNICEF, together with the World Bank, began to provide support to scaling-up the ECHUI package in an initial 40 out of 150 target districts/*woredas* under the community-based nutrition component in order to prevent child malnutrition.

20. As previously reported, in five countries of the Sahelian sub-region (Burkina Faso, Chad, Mali, Mauritania and Niger), where young child undernutrition ranges between some 32 per cent and 44 per cent, members of the United Nations Country Teams are working closely with non-governmental organizations and regional and international financing partners in support of national policies and programmes to address the challenge. With the involvement of United Nations Resident Coordinators, WHO, FAO and UNDP, UNICEF and WFP as lead agencies are providing support for the treatment and care of undernourished children and to a range of preventive measures, including infant and young child feeding, micronutrient supplementation, household food security, vaccinations, malaria and diarrhoeal disease control, as well as the promotion of hand-washing.

III. Next steps, monitoring and evaluation

21. UNICEF will continue to be one of the lead partners in the initiative, while WFP, as part of its partnership contribution, is expected to continue to host the inter-agency team. As mentioned above, given the food price increases, the focus of the initiative will be adjusted as needed to provide more proactive support to national monitoring of and responses to the impact of the food crisis in vulnerable countries and communities. Children are at higher risk of being negatively affected in this situation due to their increased need of a high-quality, diversified diet for their growth and development. Pregnant or lactating women are particularly at risk due to their increased nutritional needs. The rise in food prices may therefore not only slow down the progress towards achieving health- and nutrition-related goals but also contribute to reversing positive trends in some countries and localities, depending on factors such as presence of social safety nets, the size of the urban population, and base levels of malnutrition and food security.